



URBAN DISTRICT OF ROTHWELL

(YORKS)



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.S.I.A., A.M.I.P.C)

1956



W. H. MILNES (SUCCRS.) LTD.

ROTHWELL URBAN DISTRICT COUNCIL.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1956.

Area in Acres	...	...	...	10,695
Registrar General's Estimate of Population for 1956				24,740
Number of Inhabited Houses, 1956, according to Rate Book	...	...	...	7,808
Rateable Value, Year commencing 1.4.56			...	£180,226
Net Product of Penny Rate, Year commencing 1.4.56				£710

VITAL STATISTICS IN 1956.

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	171	164	335
Illegitimate	...	...	...	6	3	9
			Total	...	177	167
					344	
Still Births.						
Legitimate	...	...	...	2	3	5
Illegitimate	...	...	...	—	—	—
			Total	...	2	3
					5	

Birth Rate.

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected)	...	14.53
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Deaths.

			M.	F.	Total
All Ages	204	226
Death Rate per 1,000 of the estimated resident population (corrected)	...				13.15

	M.	F.	Total
Deaths of Infants under 1 year ...	4	7	11

Death Rate of Infants under 1 year :—

All Infants per 1,000 live births ...			31·98
Legitimate Infants per 1,000 legitimate live births ...			32·83
Illegitimate Infants per 1,000 illegitimate live births ...			—
Deaths from Diarrhoea (under 2 years of age)			2
Rate per 1,000 population ...	...		0·08
Rate per 1,000 live births ...	...		5·81
Deaths from Measles (all ages) ...	...		—
Deaths from Whooping Cough (all ages) ...	...		—
Deaths from Cancer (all ages) ...	...		42

Maternal Mortality.

Deaths ...	...	Nil.
Rate per 1,000 (live and still) births	...	0·0

District Death Rate :—

The Death Rate of 13·15 is based on the total number of deaths occurring in the District, including those at St. George's Hospital, and is arrived at after correction according to the Comparability Factor. The following figures show the crude District Death Rate, excluding St. George's Hospital.

Chronic sick population at St. George's Hospital ...	274
No. of Deaths occurring during the year in the Hospital ...	150

After subtracting the above from the Urban District figures, the crude District Death Rate is 11·44 per 1,000 population.

RECORD OF DEATHS IN AGE GROUPS,
1956.

Age	District		St. George's Hospital		Total	
	M.	F.	M.	F.	M.	F.
Under 1 year ...	4	7	—	—	4	7
1—5 years ...	2	—	—	—	2	—
5—10 „ ...	—	1	—	—	—	1
10—15 „ ...	—	—	—	—	—	—
15—20 „ ...	1	—	—	—	1	—
20—25 „ ...	—	1	—	—	—	1
25—35 „ ...	1	1	—	—	1	1
35—45 „ ...	5	3	1	1	6	4
45—55 „ ...	16	18	—	—	16	18
55—65 „ ...	22	22	7	7	29	29
65—70 „ ...	15	23	8	5	23	28
70—75 „ ...	19	13	16	8	35	21
75—80 „ ...	24	24	15	20	39	44
80—85 „ ...	18	18	12	17	30	35
85—90 „ ...	7	7	8	20	15	27
Over 90 years... ..	1	7	2	3	3	10
Totals ...	135	145	69	81	204	226

Principal Vital Statistics for the year 1956.

				Urban District of Rothwell	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales	
Population	..	..	..	24,740	1,169,600	448,700	1,618,300	*	
Births	{	Males	..	177	9,571	4,054	13,625	*	
		Females	..	167	8,954	3,889	12,843	*	
		Total	..	344	18,525	7,943	26,468	*	
Deaths	{	Males	..	204	7,580	2,350	9,930	*	
		Females	..	226	7,138	2,037	9,175	*	
		Total	..	430	14,718	4,387	19,105	*	
Deaths under one year	{	Males	..	4	283	137	420	*	
		Females	..	7	197	101	298	*	
		Total	..	11	480	238	718	*	
Still Births	{	Males	..	2	249	95	344	*	
		Females	..	3	196	85	281	*	
		Total	..	5	445	180	625	*	
Total Live and Still Births				..	349	18,970	8,123	27,093	*
					CRUDE		RATES.		
Birth (Live)	13·9	15·8	17·7	16·4	15·7	
Death (All causes)	17·4	12·6	9·8	11·8	11·7	
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				..	0·04	0·07	0·06	0·07	*
Tuberculosis—Respiratory				..	0·04	0·11	0·12	0·11	0·11
Tuberculosis—Other				..	—	0·01	0·02	0·02	0·01
Tuberculosis—All Forms				..	0·04	0·12	0·14	0·13	0·12
Cancer				..	1·74	2·05	1·50	1·89	2·08
Vascular lesions of Nervous system				..	5·74	2·05	1·36	1·86	*
Heart and Circulatory Diseases				..	4·97	4·76	3·71	4·47	*
Respiratory Diseases				..	2·71	1·37	1·07	1·29	*
Maternal Mortality				..	—	0·69	0·12	0·52	0·56
Infant Mortality				..	32·0	25·9	30·0	27·1	23·8
Stillbirth				..	14·3	23·5	22·2	23·1	23·0

* Figures not available.

ROTHWELL URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health,

1956.

*To the Chairman and Members of the
Rothwell Urban District Council.*

Madam Chairman, Ladies and Gentlemen,

In presenting my Annual Report for 1956, it gives me pleasure to comment on the generally satisfactory conditions prevailing in the social and public health fields in the area of your Authority. Continued full employment has ensured a high general standard of living for the population as a whole. This is reflected in the health and well-being of the community and is strikingly illustrated in the physical development of the school children in the area. This, in my opinion, has never been so good.

All the preventive measures formerly available are being continued, and immunisation and vaccination against the various infectious diseases are meeting with a satisfactory acceptance. In addition, the near future holds out high hope of protection against Poliomyelitis. There is no doubt, in my opinion, that this valuable prophylactic measure will ultimately protect the community very largely against this dread disease.

The vital statistics presented in this report show reasonably satisfactory comparison with other areas and with the rest of the Country. The tuberculosis rate, in particular, continues extremely low, and I have high hopes that future years will see this satisfactory progress maintained.

A slight increase in the birth rate is recorded, and the death rate continues satisfactory.

You can, I feel, regard with satisfaction the rate of new housing construction. Slum Clearance is well under way and it appears certain that the projected programme will be completed well within the period.

Relationships between myself and my staff have been of the happiest and we, in turn, have enjoyed a very high measure of co-operation with all the other agencies concerned with Individual and Communal Health, Education, and Welfare. In particular, I should like to record my appreciation of the very friendly relationship which I have enjoyed with yourselves and with your Senior officials. This makes my work pleasant and adds very largely to its efficiency.

As usual, I have included an account of the Divisional Preventive Medical Services. I feel that the information contained therein is useful and will help you to understand the large volume of work which goes on in your area from day to day in relation to preventive medicine.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,
Medical Officer of Health.

PUBLIC HEALTH OFFICERS :

Medical Officer of Health (part-time):—

Dr. A. L. Taylor, M.D., D.P.H.

Senior Public Health Inspector :—

T. Wilson, Cert.S.I.B., M.P.H.I.A., A.M.I.P.C., Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspector :—

G. F. Idle, Cert.S.I.B., A.R.San.I., M.P.H.I.A., Certified Meat Inspector.

Technical Assistant :—

N. Kilburn, A.I.Hsg.

Clerk :—

Miss J. Marshall.

COMMENTS ON STATISTICAL DATA.

There is little deviation from the pattern of recent years. A slight increase in the Birth Rate has taken place but it still stands at the comparatively low figure of 14.53 per thousand of the population. The rate remains lower than that for the aggregate of Urban Districts in the West Riding.

A further slight improvement in the Infantile Mortality Rate can be regarded with satisfaction. The rate, however, still continues to be rather higher than that for the County as a whole or, indeed, for the country in general.

The District Death Rate bears reasonable comparison with figures in other parts of the County.

There was no maternal death during 1956.

The Tuberculosis figures at first glance appear to be disappointing, but an analysis of the incidence of this disease will be found to be considerably less unsatisfactory than would at first sight appear.

The figures showing deaths from cancer of the lung during the years 1950 to 1956 inclusive show that 39 males and 7 females died from this disease. Admittedly it must be accepted that because of occupational factors, males are more likely to be in contact with irritating substances, but as against the figures just quoted it is found that, during the same years a total of 91 males died of bronchitis as against 45 females. Thus it will be seen that deaths from lung cancer in males are more than five times as numerous as those in females, whereas deaths from bronchitis are only twice as numerous. These figures seem to me to be of considerable significance and although there is, of course, no proof that the lung cancer was caused by cigarette smoking, a knowledge of the smoking habits of the two sexes over the last 25 years seems to me to be a very strong pointer to the supposition that there is a definite correlation between the smoking habit and the incidence of lung cancer. My own opinion is that such a correlation does indeed exist and I feel it my duty to bring this opinion to your notice. Excessive smoking is a habit which may or may not be indulged in at the discretion of the individual. It is most certainly the responsibility of those concerned with Health education to point out to heavy smokers the risk which they are undoubtedly running. Any moderation of their habits must be left to their own common sense.

In spite of the above, the statistics contained in this Report will be found to indicate a satisfactory state of public health in the Rothwell Urban District.

Causes of Death in the Rothwell Urban District, 1956.

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				204	226
1.	Tuberculosis, respiratory	..	..	1	..
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	..	1
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	..
10.	Malignant neoplasm, stomach	..	..	2	5
11.	Malignant neoplasm, lung, bronchus	..	..	7	..
12.	Malignant neoplasm, breast ..	..	..	..	4
13.	Malignant neoplasm, uterus ..	..	..	..	..
14.	Other malignant and lymphatic neoplasms	..	..	8	16
15.	Leukaemia, aleukaemia	..	..	..	1
16.	Diabetes ..	..	..	1	2
17.	Vascular lesions of nervous system	..	..	62	80
18.	Coronary disease, angina ..	..	..	38	24
19.	Hypertension with heart disease	..	..	5	3
20.	Other heart disease	..	..	17	29
21.	Other circulatory disease	..	..	5	2
22.	Influenza ..	..	..	..	3
23.	Pneumonia ..	..	..	17	24
24.	Bronchitis ..	..	..	12	9
25.	Other diseases of the respiratory system	..	..	1	1
26.	Ulcer of stomach and duodenum	..	..	3	1
27.	Gastritis, enteritis and diarrhoea	..	..	1	3
28.	Nephritis and nephrosis	..	..	2	..
29.	Hyperplasia of prostate	..	..	..	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations	..	..	3	..
32.	Other defined and ill-defined diseases	..	..	10	11
33.	Motor vehicle accidents	..	..	1	1
34.	All other accidents	..	..	6	4
35.	Suicide ..	..	..	2	2
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	177	167
	Legitimate	..	..	171	164
	Illegitimate	..	..	6	3
Still-Births.	Total	..	..	2	3
	Legitimate	..	..	2	3
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	4	7
	Legitimate	..	..	4	7
	Illegitimate	..	..	..	..
Population				24,740	
Comparability Factors :—					
Births				1.03	
Deaths				0.76	

INFANTILE MORTALITY IN 1956.

Deaths from Stated Causes under One year of Age.

CAUSES OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Broncho-pneumonia	..	-	-	-	1	1	-	-	-	-	1
Asphyxia due to inhalation of vomit	..	-	-	-	-	-	-	1	-	-	1
Gastro-enteritis	..	-	-	-	-	-	-	1	-	-	1
Cerebral congestion Haemorrhagic pneumonia Toxaemia of mother	}	1	-	-	-	1	-	-	-	-	1
Dehydration due to bacterial enteritis	..	-	-	-	-	-	-	1	-	-	1
Erythroblastosis foetalis Broncho-pneumonia	}	1	-	-	-	1	-	-	-	-	1
Meningocele Microcephaly	}	1	-	-	-	1	-	-	-	-	1
Prematurity	..	1	-	-	-	1	-	-	-	-	1
Atelectasis Extreme prematurity	}	3	-	-	-	3	-	-	-	-	3
Total	..	7	-	-	1	8	-	3	-	-	11

Of the 11 infant deaths during the year, 9 were premature babies.

INFANT DEATHS PER THOUSAND LIVE BIRTHS.

1907—1916		1917—1926		1927—1936		1937—1946		1947—1956	
1907	140	1917	142	1927	65	1937	68	1947	49.6
1908	148	1918	84	1928	71.7	1938	65	1948	38.8
1909	112	1919	61	1929	89.3	1939	42.4	1949	52.7
1910	133	1920	83	1930	31	1940	43	1950	35
1911	116	1921	86	1931	72.2	1941	50.8	1951	21.3
1912	58	1922	90	1932	40.9	1942	37.2	1952	31.7
1913	139	1923	82	1933	77.8	1943	42.2	1953	28.3
1914	120	1924	112	1934	50	1944	40	1954	44.4
1915	125	1925	72	1935	38	1945	51.7	1955	35.6
1916	85	1926	74.2	1936	57	1946	46	1956	32.0
Average— 117.6		Average— 88.6		Average— 59.3		Average— 48.6		Average — 36.9	

Details of STILL-BIRTHS for the past five years.

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1952	347	11	3.2
1953	318	10	3.1
1954	361	7	1.9
1955	309	8	2.6
1956	344	5	1.5

Details of NEO-NATAL DEATHS for the past five years.

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1952	347	10	2.9
1953	318	7	2.2
1954	361	8	2.2
1955	309	6	1.9
1956	344	8	2.3

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

No change has taken place in the administrative structure which has been in being since 1948. The Medical Officer of Health is also appointed in a similar capacity to two adjacent County Districts and, in addition, holds the appointment of Divisional Medical Officer in respect of the public health services for which the West Riding County Council is responsible. The total population of the Division showed little variation and now stands at 54,680.

The day to day administration of all the health services within the Division is the responsibility of the Divisional Medical Officer. The only exceptions to this rule are the Ambulance Service and the School Dental Service which are separately administered. The Divisional Health Office is situated in Rothwell and is geographically almost exactly in the centre of the whole area. A clerical staff of 9 is fully and actively employed. During the year the unit has functioned efficiently and, in my opinion, economically, and has dealt with a very large volume of work. Indeed, this volume seems to increase from year to year as a result of various new activities which are increasingly coming into use in the Preventive field.

Once again I am glad to report with great satisfaction the continued cordiality of the relationship of the Public Health Service with the other two branches of medicine, that is the Hospital Services and the General Practitioners. A very happy spirit of co-operation has existed on all sides. It is my earnest hope that this will continue and there is not the slightest doubt that it contributes in no small measure to the smooth and satisfactory working of the Health Services in the area.

REPORT ON THE DIVISIONAL MEDICAL
SERVICES ADMINISTERED IN THE URBAN
DISTRICT BY THE LOCAL HEALTH
AUTHORITY.

Only minor changes have occurred in this Service during 1956, mainly in respect of the personnel of the Domiciliary Nursing Services. Clinic provision is unchanged and I will review it later in the Report.

The two Assistant County Medical Officers still continue to carry out duties in the Maternity and Child Welfare and School Medical Services. They are a considerable access of strength, both being experienced, able and conscientious.

The Home Nursing Section continues at full strength and I am glad to report a great improvement in the Health Visiting provision.

The local Dental Clinic continues to give excellent service and we are fortunate in retaining in this area the services of the Dental Surgeon who has worked here for the last few years.

School Medical Service.—The total number of school children in the area stands at 8,080. Routine medical inspections are carried out four times during the school life of each child. Special examinations have been made during the year of all children suffering from any physical handicap, mental subnormality or maladjustment.

As I have previously remarked, the fact that Health Visitors also function as School nurses is of very great benefit and helps to co-ordinate the home and school life of the child. Infestation remains slight and only in one case was it necessary to issue a formal Cleansing Notice to the erring parent.

I should like to repeat the opinion I expressed last year regarding the high nutritional standard which continues to be enjoyed by the vast bulk of the school children in your area. I have lived and worked in this part of the world now

for over 30 years, during 15 years of which I have been Medical Officer of Health to your District. In that time I have seen the general standard of physical development, clothing and child happiness increase beyond all recognition. This fact I have great pleasure in recording.

The Ophthalmic Service remains extremely satisfactory and no delay is experienced.

The same applies to Ear, Nose and Throat operations and the waiting list has now been completely cleared off.

Finally, I should like to record my appreciation of the very cordial and ready co-operation afforded by all the Head Masters and teaching staffs of the various schools in the area and, in addition, the ready support and help afforded from time to time by the Divisional Education Officers and their Staffs.

In the following pages are recorded the statistical returns relating to the various branches of the School Medical Service. The figures relate to the whole Divisional area but will give you a very good idea of the type and scope of the work which is carried out amongst school children residing in your own Urban District.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A. Periodic Medical Inspections.

Age groups inspected and Number of Pupils examined in each.

Entrants	...	...	871
7 to 8 year group	...	...	863
Last year primary	...	...	605
First year secondary	...	...	—
Last year secondary	...	...	373

Total 2,712

*Additional Periodic Inspections... —

Grand Total 2,712

B. Other Inspections.

Number of Special Inspections	...	104
Number of re-inspections	...	237

Total 341

C. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected.	For Defective Vision (excluding squint).	For any of the other conditions recorded in the following Table	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants ...	12	141	150
7 to 8 year group ...	36	154	181
Last year primary ...	28	80	103
First year secondary	—	—	—
Last year secondary	36	67	100
Total ...	112	442	534
*Additional Periodic Inspections ...	—	—	—
Grand Total ...	112	442	534

*E.G. Pupils at special schools or who missed the usual periodic examination.

RETURN OF DEFECTS
FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1956.

Defect or Disease. (1)	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
	Entrants		Leavers		Requir- ing treat- ment	Requir- ing observa- tion
	Requir- ing treat- ment. (2)	Requir- ing observa- tion (3)	Requir- ing treat- ment. (4)	Requir- ing observa- tion (5)		
Skin	25	29	14	13	80	89
Eyes—a. Vision ...	12	4	36	18	112	69
b. Squint ...	10	21	—	—	24	34
c. Other ...	1	4	1	1	14	9
Ears—a. Hearing ...	3	4	1	1	13	11
b. Otitis Media ...	21	2	5	1	49	3
c. Other ...	4	2	2	—	9	11
Nose and Throat ...	20	49	18	5	88	114
Speech	2	12	—	—	6	15
Lymphatic Glands ...	4	29	1	2	8	59
Heart	5	24	7	7	17	64
Lungs	10	28	1	—	31	42
Developmental—						
a. Hernia ...	2	4	—	—	3	5
b. Other ...	—	3	—	—	—	3
Orthopaedic—						
a. Posture ...	3	4	5	5	27	25
b. Feet ...	7	18	—	5	10	34
c. Other ...	11	40	3	8	30	90
Nervous System—						
a. Epilepsy ...	—	—	—	—	1	—
b. Other ...	1	11	—	—	4	25
Psychological—						
a. Development ...	—	4	1	1	6	10
b. Stability ...	13	11	2	2	33	21
Abdomen	—	2	—	1	1	5
Other	18	3	12	1	50	14

SPECIAL INSPECTIONS.

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin ...	3	2
Eyes—		
a. Vision ...	4	3
b. Squint ...	2	1
c. Other ...	—	—
Ears—		
a. Hearing ...	1	3
b. Otitis Media...	—	—
c. Other ...	—	—
Nose and Throat ...	2	2
Speech ...	2	2
Lymphatic Glands ...	—	—
Heart ...	—	1
Lungs ...	1	2
Developmental—		
a. Hernia ...	—	—
b. Other ...	—	1
Orthopaedic—		
a. Posture ...	1	—
b. Feet ...	—	1
c. Other ...	2	3
Nervous System—		
a. Epilepsy ...	1	1
b. Other ...	—	1
Psychological—		
a. Development...	—	3
b. Stability ...	2	1
Abdomen ...	—	1
Other ...	5	5

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN AGE GROUPS.

Age Groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Un- satisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants	871	789	90·6	82	9·4
7 to 8 year group	863	794	92	69	8
Last year primary	605	556	92	49	8
First year secondary	—	—	—	—	—
Last year secondary	373	350	94	23	6
Additional periodic inspections ...	—	—	—	—	—
Total	2712	2489	91·8	223	8·2

INFESTATION WITH VERMIN.

- (i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 17,517
- (ii) Total number of *individual* pupils found to be infested 308
- (iii) Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944) 1
- (iv) Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) —

**Treatment of Pupils attending Maintained Primary and
Secondary Schools (including Special Schools).**

DISEASES OF THE SKIN (excluding uncleanness).

	Number of cases treated or under treatment during the year, by the Authority.
Ringworm— (i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	20
Other skin diseases	6
Total	26

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint) ...	—	477
Total ...	—	477
Number of pupils for whom spectacles were prescribed ...	204	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for adenoids and chronic tonsillitis ...	—	16
(b) for diseases of the ear ...	—	5
(c) for other nose and throat conditions ...	—	2
Received other forms of treatment ...	—	—
Total ...	—	23
	by the Authority	Otherwise
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956 ...	1	—
(b) in previous years ...	—	1

ORTHOPAEDIC AND POSTURAL DEFECTS.

	by the Authority	Otherwise
(a) Number of pupils known to have been treated at clinics or out-patient departments	—	19

CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ...	5
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SPEECH THERAPY.

Number of Pupils treated by Speech Therapists under arrangements made by the Authority	68
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OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	345
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination ...	214
(d) Other than (a), (b) and (c)	
1. Ultra Violet Light ...	91

TONSILLECTOMY.

Age groups inspected	Number inspected	Number found to have undergone tonsillectomy during 1956 or previously
Entrants	871	70
7 to 8 year group ...	863	171
Last year primary ...	605	130
First year secondary ...	—	—
Last year secondary ...	373	64
Total	2712	435

CONSULTANT E.N.T. SERVICE.

No Consultant E.N.T. Clinic held in this Division during the year.

CONSULTANT ORTHOPAEDIC SERVICE.

A. Consultant Clinic.

1. Number of sessions held during the year 8
(at Pinderfields shared with Division 13)

	Pre-school children	School children
2. No. of individual patients seen by Consultant, including those continuing attendance from previous year	4	9
3. No. of (2) above :—		
(a) referred for operative treatment as short-stay cases only	—	1
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist :—		
(i) at treatment centres	—	—
(ii) domiciliary	—	—
4. No. of children who obtained operative treatment during the year	—	1
5. Total number of attendances at Consultant clinic	8	12

B. Treatment Centres.

1. No. of Sessions held during the year —

PAEDIATRIC SERVICE.**Consultant Clinics.**

1. Number of sessions held during the year ... 11

	Pre-school children	School children
2. Number of individual patients seen :—		
(a) new cases	10	15
(b) cases attending from previous year(s)	7	10
3. Total number of attendances at clinics	31	56

**MEDICAL EXAMINATION OF ENTRANTS TO
TRAINING COLLEGES.**

No. of examinations carried out during the year ... 33

SPEECH THERAPY.

1.	Total number of sessions held during year	...	...	172
2.	(a) No. of new cases treated during year...	...	...	43
	(b) No. of cases already attending for treatment from previous year	...	...	25
	(c) Total number of cases treated (a plus b)	...	...	68
3.	No. of cases awaiting treatment at end of year	...	...	12
4.	No. of visits made to schools	...	...	25
5.	No. of home visits	...	...	9

Analysis of Cases treated during the year.

					Boys	Girls
1.	Stammering	...	...	...	15	6
2.	Defects of articulation—					
	(a)	Dyslalia	...	...	22	8
	(b)	Sigmatism	...	...	5	2
	(c)	Rhinolalia, due to—				
		(i)	Cleft Palate	...	—	3
		(ii)	Nasal obstruction	...	—	—
	(d)	Dysarthria	...	...	—	1
3.	Asphasia	...	...	...	—	—
4.	Defective speech due to—					
		(i)	Educational sub-normality	...	1	1
		(ii)	Deafness	...	—	—
5.	Retarded speech development	...	...	...	—	1
6.	Dysphonia	...	...	...	—	—
7.	Other defects (immobile palate)	...	...	...	1	2
Analysis of cases discharged.						
No. of children discharged during year—						
1.	Speech normal	...	...	...	21	8
2.	Speech improved	...	...	...	3	1
3.	Unsuitable for treatment	...	...	...	2	2
4.	Non-co-operation	...	...	...	6	3
5.	Left school	...	...	...	—	—
6.	Left district	...	...	...	—	—
7.	Other reasons (specify)	...	...	...	—	—

EMPLOYMENT OF CHILDREN.

Number of children examined during the year in connection with applications:—

(a) for employment (including entertainments)	80
(b) No. of (a) found unfit	1

ULTRA VIOLET LIGHT TREATMENT.

	Pre-School children	School children
No. of sessions held during year	252	
No. of children treated during year	49	42
Total No. of attendances ...	864	888

VACCINATION AND IMMUNISATION.

It is now possible to feel that we have reached a state when vaccination and immunisation are accepted by the community as a whole as being desirable and necessary measures. The returns afford significant evidence that by far the larger proportion of the population are enlightened and actively co-operative in this most important field of Preventive Medicine. At the same time, constant unobtrusive propaganda is carried out, mainly by the Health Visiting Staff, urging on parents the need for ensuring that their children obtain protection against various of the more serious infectious diseases. It is pleasing to record that an increasing number of parents now seek the help of their own family doctors in obtaining such protection. For my part, I welcome the help of any agency which will maintain at high level the immunity of the child population.

Diphtheria, once a common and deadly disease, now appears completely absent from the community. This is no accident but is the outcome of years of endeavour which have been the task of the Preventive Medical Services. During the year a very satisfactory total of children received a full course of primary immunisation against Diphtheria and, in addition, a satisfactory total of reinforcing doses was given to older children in whom the initial immunity might be expected to show some signs of waning. No organised campaign was initiated and I am firmly convinced that the methods we now employ are those most liable to give lasting and satisfactory results. Immunisation is afforded as a routine at all the Child Welfare Clinics and no special appointment is needed. In addition, as already noted, family doctors are increasingly affording to their patients immunising injections against Diphtheria and Whooping Cough.

The figures showing those vaccinated against Whooping Cough during 1956 are reasonably satisfactory, and by an astonishing coincidence are identical with those recorded during last year.

Of very great interest to me is the fact that although in 1956 a total of 199 children was notified as having suffered from Whooping Cough, no single case occurred where the child had been immunised. Thus it is reasonable to assume that immunisation affords a very high measure of protection and this fact is of the utmost importance, particularly in relation to children under the age of one year in whom Whooping Cough, at any age distressing, carries a grave risk of a fatal termination. Immunisation against Whooping Cough carries no risk and virtually no constitutional upset is ever experienced.

The Smallpox vaccination figures for your District bear satisfactory relationship with those recorded in other parts of the County and a very satisfactory total of 325 primary vaccinations was carried out in the Division. I should like to refer once again to the remarks I made last year regarding the desirability of primary vaccination in infancy. This carries no risk and renders re-vaccination later in life a simple and safe procedure.

B.C.G. vaccination continues to be offered to 13 year-old school children. There was a reasonable total of acceptors during 1956, and vaccination was carried out in each case. It is a little early yet to evaluate the protection thus given so far as your area is concerned. A number of years must elapse before we can produce statistical evidence as to its efficiency. It is, however, generally agreed, both in this country and in a number of others, that B.C.G. vaccination has considerable value in reducing the incidence of adolescent pulmonary tuberculosis. It is one of the weapons now available in the rapidly growing armoury of preventive and clinical protection against death from this social scourge.

A total of 18 babies born to parents suffering from tuberculosis were vaccinated by the Chest Physicians. This measure is carried out as a routine and appears to afford considerable protection to the infants thus treated.

As predicted, immunisation against Poliomyelitis was begun late in the year. No figures are available for this Report and I will ask you to await next year's Report for

full particulars of the scheme. At the moment it will suffice to say that of those children who have already received immunising doses, none has experienced any ill effect, and there is every hope that this newly introduced measure will prove efficient and satisfactory. During a recent visit to the United States I was assured on all sides that protection thus afforded was of a high degree and that already many millions of American children had been immunised. The dread and concern which this crippling disease arouses make it certain that the response of the population will be high. It is earnestly to be hoped that the supplies of vaccine becoming available will prove adequate to keep pace with the expected demand.

VACCINATION AGAINST SMALLPOX.

Number of Persons Vaccinated or re-vaccinated
during the Year.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	281	5	7	7	25	325
Number Re-Vaccinated ...	—	—	—	—	22	22

DIPHTHERIA IMMUNISATION.

A. Immunisation carried out during the year.

	Under 1	1 — 4	5 — 14	Total
1. No. of children who completed a full course of primary immunisation ...	341	111	268	720
2. Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	7	945	952

B. (a) Number of children at 31st December, 1956, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.56 i.e. Born in Year	Under 1 1956	1—4 1955-1952	5—9 1951-1947	10—14 1946-1942	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1952—1956 ...	76	1,629	2,849	2,005	6,559
B. 1951 or earlier	—	—	1,135	1,084	2,219

(b) Diphtheria Notifications and Deaths in relation to Immunisation during the year.

No case of Diphtheria occurred during 1956.

WHOOPIING COUGH IMMUNISATION.

Immunisation carried out during the year.

Age at Final injection	Number of children who completed full course of immunisation
Under 6 months	19
6 months to one year	289
1—2 years	72
2—3 years	8
3—4 years	11
Total ...	399

Immunisation in relation to Child Population.

Number of children at 31st December, 1956, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.56 i.e. born in year :—	Under 1 1956	1 to 4 1955–1952	5 to 9 1951–1947	Total
Number immunised ...	77	1,327	239	1,643

Whooping Cough Notifications and Deaths in relation to Immunisation during the year.

Age at date of notification	No. of cases notified	No. of cases incl. in preceding column in which child completed a full course of immunisation.
Under 1 year ...	18	—
1	13	—
2	17	—
3	21	—
4	26	—
5—9	100	—
10—14	4	—
Totals	199	—

No death from Whooping Cough occurred in the Division during the year.

B.C.G. Vaccination of 13-year old School Children.

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	3
2. Acceptances.	
(a) No. of 13-year old children eligible during the year	681
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	681
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances	367
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	53·9
3. Pre-vaccination Tuberculin Test.	
(a) No. of children [2(d)] tested	367
(b) Result of test—	
(i) Positive	112
(ii) Negative	240
(iii) Not ascertained	15
	————
	TOTAL 367
(c) Percentage positive, i.e., (b) (i) to (b) (ii) plus (ii) ...	31·8
4. Vaccination.	
No. vaccinated	214
5. Tuberculin test twelve months after vaccination.	
(a) No. vaccinated in 1955	356
(b) No. tuberculin tested after 12 months	212
(c) Result of test—	
(i) Positive	134
(ii) Negative	58
(iii) Not ascertained	20
	————
	TOTAL 212

B.C.G. Vaccination—Contact Scheme.

Details of B.C.G. Vaccination of Contacts during the year
1956.

		AGE GROUPS												All ages
		Under 1 year Months				Years								
		0-	1-	3-	6-	1-	2-	3-	4-	5-	10-	15-	20-	
Vaccinated :—														
Male	...	3	1	2	1	—	1	—	—	2	—	—	—	10
Female	...	2	—	1	—	1	—	1	—	—	2	1	—	8
TOTAL	...	5	1	3	1	1	1	1	—	2	2	1	—	18
RESULT OF VACCINATION :—														
Successful :														
Male	...	3	1	2	1	—	1	—	—	1	—	—	—	9
Female	...	2	—	1	—	1	—	1	—	—	1	—	—	6
TOTAL	...	5	1	3	1	1	1	1	—	1	1	—	—	15
Unsuccessful		...	—	—	—	—	—	—	—	—	—	—	—	—
Not finally ascertained		...	—	—	—	—	—	—	—	1	1	1	—	3

DOMICILIARY NURSING SERVICES.

Health Visiting.—I am glad to report a considerable improvement in the staffing position relating to Health Visiting. This is due to the appointment of a number of fairly newly qualified Nurses who are proving themselves efficient and adaptable. Thus the rather gloomy picture which I painted last year no longer gives a true perspective in the light of to-day's circumstances. The work of the Health Visitor continues to expand and to cover an increasingly varied field of scope and activity. The longer she works in a particular area, the better she gets to know the people living in that area, and the more valuable her work becomes as a result. It is my policy to allocate to each Health Visitor a specific area within which she is asked to undertake all the work relating to the health education and welfare of all sections of the public, including mothers and young infants, school children, the aged, tuberculous persons, and, at any rate in the main, the Home Help services.

A new awareness of the importance of the personal relationship between Health Visitor and family doctor has already borne fruit, and it is very pleasing to report that a happy state of relationship exists. No instance of friction has come to my knowledge during the year, and I feel that the cordiality now experienced is contributing much to the value of the work carried out by both parties.

Home Nursing.—The Home Nursing Service has continued fully staffed throughout the year. The Supervisor continues to report on the very high level of competence reached by all the Nurses. The case load has remained reasonable, and many instances come to light illustrating the high regard in which patients hold the services rendered. A considerable number of injections continue to be given under the instruction of the family doctor. This, of course, is a reflection of the increasing use made of the newer antibiotic drugs. As in previous years, by far the bulk of the work is carried out amongst the elderly and chronic sick and its social value is second only to the physical side.

Midwifery Service.—Here we are still in difficulties. By a fortunate circumstance a Relief Midwife was obtained whose home was formerly in the district and who has been enabled to return to this area. As against this, several

retirements are imminent and staffing difficulties in the Maternity Units have led to a reduction in the number of midwifery cases gaining admission to Maternity Homes or Hospitals on social grounds. This problem is not merely local but is, I understand nation-wide. No easy solution is available. It may be necessary to seek the co-operation of your Housing Committee in making available Council house tenancies as an added inducement to prospective domiciliary midwives. If the alternative is a breakdown in the Domiciliary Midwifery Services I shall not hesitate to make the necessary approach, and I know I will be able to count on your sympathetic consideration. Meanwhile, the position, though giving rise to anxiety, is still well under control.

As is customary, the relationships between midwife and doctor have been of the very best.

Home Help Service.—By the most careful economy it has been possible to keep the number of hours of Home Help given within the establishment laid down by the County Council for this Division. The administration of this Service is one of the greatest complexity and difficulty. A glance at the table will give you some idea of this and will give you a picture of the enormous amount of work entailed.

By and large, the population have shown restraint in their applications, and the vast majority of persons in receipt of Home Help are elderly, indigent, or chronic sick, who have no other means of help and no available relatives or friends who can offer aid. I mentioned last year the fact that full employment frequently means that all sons and daughters and sons' wives of a particular family are working. Where such is the case, I feel it reasonable to expect them to make some financial contribution to ensuring the fact that their parents are kept in dignity and reasonable physical comfort. The vast bulk of people, I am glad to say, see matters in this light. Under present limitations it is the lonely and helpless who need and deserve the comfort to ensure which the Home Help Service was primarily intended.

During the year, the maximum of equivalent whole-time workers allowed was increased from 20 to 23. By the exercise of stringent care we have managed to keep within this limit.

DOMESTIC HELPS.

Authorised Divisional Allocation.

(i) Basic	...	...	...	23
				(at the end of the year)
(ii) From Reserve Pool	...	...	...	—
				—
Total	...	...	...	23
				—

Number of Domestic Helps employed at 31st December, 1956—

(i) Whole-time	...	...	...	—
(ii) Part-time	...	...	...	50
				—
(iii) Total	...	...	...	50
				—

Cases provided with Domestic Help during year ended 31st December, 1956—

				No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	...	...	...	37	3,127
(ii) Tuberculosis	...	...	...	1	222
(iii) Chronic sick	(a) aged 65 & over		...	205	34,496 $\frac{1}{4}$
	(b) under 65 years		...	25	3,758
(iv) Others	...	...	...	16	1,568
Total				284	43,171 $\frac{1}{4}$

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1956 \div 2288 (52 weeks x 44 hours) = 18.9 Home Helps.

No. of home helps that could have been employed full time. = 18.9 Home Helps.

LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE ROTHWELL URBAN DISTRICT.

I regret to report that no further progress has been made in the acquisition of suitable premises for a proposed Child Welfare Clinic at Stourton. The matter is being kept in mind and every effort will be made to secure the tenancy of premises should an opportunity arise. All the other Clinics are being held as usual. A considerable increase in the attendance has been recorded in the Oulton and Rothwell Clinics, largely as a result of the numbers of new houses now being built in the two areas.

An attempt was made during the year to transfer the Lofthouse Clinic to more conveniently situated premises at Robin Hood. Unfortunately, the rent asked was so high that it did not prove possible to arrange a tenancy. The premises at Lofthouse at present in use are far from ideally situated, owing to the ever increasing volume of heavy traffic passing along the road immediately outside.

Very little change has occurred in the numbers attending the Ante-Natal Clinics. The very small attendance at Methley Ante-Natal Clinic makes one wonder whether it would not be better to close this altogether. An alternative suggestion might be to combine it with a Child Welfare Clinic if this can be arranged. The matter is being kept under review and it may well be that some such change will be made.

A number of General Practitioners continue to send their own booked cases to the Ante-Natal Clinics for the taking of routine blood samples. This service is gladly undertaken. In addition, many mothers booked for Maternity Home admission, are given routine ante-natal examinations in the Local Health Authority Clinics. This obviates the need for frequent and lengthy journeys to the Maternity Homes and the mothers attend there once only for a routine examination about four weeks before the date of confinement.

It is pleasing to record the close co-operation which is established between the Local Health Authority Staffs and the medical staffs at the Maternity Hospitals. This has been cordial and mutually beneficial.

Relaxation Classes continue to be held weekly at Rothwell and are quite well attended. Many mothers have expressed to me their appreciation of the benefits which they feel they have derived from such classes.

The Ultra Violet Light Clinics continue to be held on Monday, Wednesday and Friday mornings. They are consistently well attended and here again parents often express their conviction that U.V.R. treatment has greatly improved their children's vigour and appetite.

CONSULTANT CLINICS. — These continue as before. The Ophthalmic Clinic is held two or three times a month and continues to be very well attended and there is no delay in the provision of glasses.

Dr. Pickup is still with us as the Consultant in Paediatrics. He is of the very greatest value and help, and the trend which I noted last year towards a greater use of his services by General Practitioners continues. We are fortunate indeed in having him available in the area and the fact that he can and does take cases into his own Hospital beds for observation is an added advantage.

Ear, Nose and Throat surgery is readily available to those children needing it. There is now virtually no waiting and any case needing urgent or special attention is always seen immediately by appointment if the Aural Surgeon is approached.

The Speech Therapist resigned from the service of the County Council and was later replaced, so that the work continued virtually without interruption.

Dr. Leese took up her appointment as County Child Psychiatrist in succession to Dr. MacTaggart, and has proved co-operative and most helpful.

I can repeat my assurance of last year that Local Health Authority Clinic provision in the Rothwell area is, in the main, adequate. Ready co-operation is experienced on all sides and the work continues to be of the greatest value.

AMBULANCE SERVICE.

This valuable and much appreciated service has continued to be run most efficiently throughout the year. I should like to take this opportunity of acknowledging the unfailing courtesy and ready response always experienced from the Ambulance Depots. There is evidence of considerably diminished abuse of the Service. The only criticism one might make is that on occasion patients are carried by a very round-about route to and from Hospital, in the endeavour to pick up as many cases as possible on one journey. This is, I am afraid, unavoidable, but does, on occasion, tend to give rise to a certain amount of discomfort.

LABORATORY FACILITIES.

These continue as before and Dr. Little and his staff are most helpful. Any matter of special difficulty is always given the most considerate attention and personal contact is readily made.

MILK AND FOOD SAMPLES.

These still continue to be sent to the County Analyst at Halifax. The Bradford Analyst undertakes regular analyses of water supplies.

HOSPITAL PROVISION.

Some concern was felt towards the end of the year at the possibility of a reduction in the number of beds available for cases of social need at the Wakefield Group of Maternity Hospitals. This was attributable to the great staffing difficulties experienced by the Hospital Service. Fortunately, the matter did not become acute, and we continue to admit approximately 50 per cent. of our total births to Maternity Homes or Hospitals. I should like to repeat the opinion which I expressed last year that, with improved housing conditions and the adequate midwifery and medical services available, no good reason exists for Hospital admission for normal confinements, in a considerable number of cases.

As before, any case presenting an abnormality is admitted immediately and without question to Hospital. No difficulty relating to the admission of such cases has arisen during the year.

Although the incidence of Infectious Diseases continues very low, there is available ample and adequate provision at Seacroft Hospital. This is a well equipped and modern Institution with the most up to date apparatus for the accommodation and treatment of more serious conditions such as Poliomyelitis. Co-operation is close and cordial, and reports regarding admissions and discharges are received with absolute regularity. A few cases find their way to the Snapethorpe Infectious Diseases Hospital at Wakefield and, here again, conditions are extremely satisfactory and co-operation between the staff and ourselves is of the highest order.

General Hospitals.—There is no evidence of undue difficulty in obtaining admission to medical or surgical units in the case of patients residing in this area. It is well known that Leeds is a great centre for surgery and the fact that a Teaching Hospital exists ensures that the standards are of the very highest. Pinderfields Hospital deals largely with Orthopaedic cases and all convalescent poliomyelitis cases are transferred there in order that the maximum degree of rehabilitation may be obtained.

The position regarding chronic sick has, I feel, improved to a considerable extent. The personal interest which the Geriatric Consultant, Dr. Rosenthal, takes in his cases and in his Hospitals has resulted in a considerable degree of improvement in rehabilitating elderly and chronic sick patients, and enabled them to become ambulant and often to be discharged home for quite long periods. No case urgently requiring admission fails to get sympathetic consideration from Dr. Rosenthal. For my part, I make the fullest personal investigation of any case which the family doctor feels to merit urgent consideration. General Practitioners are most conservative in their approach and one feels that the over-all picture has improved considerably. The gap between chronic sick and Welfare accommodation still exists, and I still feel that there is a need for an intermediate type of Institution. I feel that this state of affairs will become increasingly evident in the years to come, and that ultimately some such provision will have to be made.

To sum up the position in relation to Hospital provision in your area, I think it fair and true to say that people living in the Rothwell Urban District can consider themselves very fortunately situated in relation to available Hospital accommodation. Distances are short, standards are high, and beds are readily available.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE in the ROTHWELL URBAN DISTRICT.

Scarlet Fever.—The prevalence recorded in 1955 continued during the year under review. In all, 67 cases were notified, although, of these, it was only thought necessary to seek Hospital admission in 5 instances. The disease continued extremely mild in character and there is no history of complications having occurred in any individual case. As noted before, the very mildness of the disease makes efficient isolation extremely difficult. So well are the children after two or three days at home that it is virtually impossible to prevent them running about and making contact with other children. Towards the end of the year, notifications slackened off and, at the time of writing, I think it is possible to say that the prevalence is now over.

Diphtheria.—This disease again gave rise to no notification during the year.

Poliomyelitis (Infantile Paralysis).—No case occurred during 1956.

Puerperal Pyrexia.—One notification was received and again the case was of very mild type.

Measles.—Measles was almost entirely absent from the community, only 15 notifications being received.

Erysipelas.—A total of 17 notifications constitutes a marked reduction on the 47 notifications received during 1955. As stated before, Erysipelas now readily responds to treatment with modern anti-biotic drugs and is now no longer the menace to life that it was in former days.

Whooping Cough.—The number of notifications greatly increased and a total of 114 cases occurred. It is most interesting to note that not one of these had received immunisation against Whooping Cough. So far, no notified case of Whooping Cough has been given any immunising protection. This is very strong presumptive evidence of the efficacy of the protection afforded by immunisation. Since this prophylactic measure was introduced, no immunised child has contracted the disease to our knowledge.

Food Poisoning.—Two mild cases were notified.

Sonné Dysentery.—This disease is known to be endemic in the community. Although only 8 cases were notified, there is reason to believe that many more mild infections occur. Most of these give rise to no more than a day or two's diarrhoea and few cases are of sufficient severity to warrant calling in the family doctor. In this connection, it is with pleasure that I record my appreciation of the high standards reached and maintained by canteen workers. They are most co-operative and fully appreciate their responsibilities in the field of hygiene and preventive medicine.

Venereal Diseases.—Confidential reports continue to be received and indicate a virtual absence of any form of Venereal Disease in this area.

Hospital Admissions.—Only 23 cases were admitted to Hospital out of a total of 253 cases of Infectious Disease. Of these 10 were admitted for observation and of the remainder, 5 were admitted on social grounds and not because of the severity of the illness.

The over-all picture in relation to Infectious Disease can be considered satisfactory.

INFESTATIONS.

The number of school children found to be infested continued to be extremely low. In the vast majority of cases, parents are very co-operative and the condition is soon cleared up. One or two recalcitrants, well known to us, require a more forceful approach, but by and large, infestation nowadays presents no major public health problem.

Once again, no case of Scabies came to notice during the year, and to the best of my knowledge this infestation is no longer with us.

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Disease.	Under 1 year		1 - 3 years		3 - 5 years		5 - 10 years		10 - 15 years		15 - 25 years		25 - 45 years		45 - 65 years		over 65 years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox
Scarlet Fever	5	1	5	10	13	19	3	5	2	2	2	..	..	30	..	37	..	..
Diphtheria
Enteric Fever(including Paratyphoid)
Pneumonia	1	1	1	..	..	..	1	..	..	..	..	..	..	5	9	4	10	..	..
Puerperal Pyrexia	1	..	..	..	..	1	..	..
Acute Anterior Poliomyelitis
Acute Anterior Encephalitis
Meningococcal infection
Ophthalmia Neonatorum
Erysipelas	2	2	9	12	1	5	..	..
Whooping Cough ..	5	1	11	11	16	13	25	28	..	4	..	..	..	..	..	57	..	57	..	..
Measles	2	4	3	2	..	4	..	..	..	..	..	..	..	5	..	10	..	..
Sonné Dysentery ..	1	..	..	1	..	..	2	3	..	..	..	..	..	1	..	3	..	5	..	..
Food Poisoning	1	1	..	..	1	2	..	..
Totals ..	6	2	19	18	24	25	40	55	3	9	2	2	4	5	14	6	4	5	116	127

Cases of Notified Infectious Diseases (excluding
Tuberculosis) admitted to Hospital.

Disease.	No. Notified	No. admitted to Hospital
Smallpox	—	—
Scarlet Fever	67	5
Diphtheria	—	—
Enteric Fever (incl. Paratyphoid) ...	—	—
Pneumonia	19	4
Puerperal Pyrexia	1	—
Acute Anterior Poliomyelitis ...	—	—
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection	—	—
Ophthalmia Neonatorum	—	—
Erysipelas	17	1
Whooping Cough	114	1
Measles	15	—
Sonné Dysentery	8	2
Food Poisoning	2	—
Observation	10	10
Totals	253	23

TUBERCULOSIS.

There is no need to be despondent when reviewing the present position regarding Tuberculosis. Admittedly there are still 115 cases of Pulmonary Tuberculosis remaining on the register, but only one death occurred from Pulmonary Tuberculosis during the year and none from Non-Pulmonary Tuberculosis. All the factors which were noted in my last report are still operative and the general opinion throughout the country is one of reasoned optimism. The many sided attack now possible on this disease should result in a steady and marked diminution of incidence. Many more cases who, years ago, would have succumbed to the illness, now become cured and restored to active life in the community. Many more are rendered non-infectious and thus innocuous from the point of view of community spread. It is early yet to evaluate the results of the B.C.G. vaccination of school children, but here again the next few years should prove the worth of this measure and should result in a diminution of new cases.

Once again, I should like to record my satisfaction at the sympathy and understanding which requests for "priority" re-housing receive at the hands of your Housing Committee. I continue to exercise every possible restraint knowing the many demands you must consider. It is pleasant to note that no new case of non-Pulmonary Tuberculosis was notified during 1956. This is, without doubt, due to the universal use of Pasteurised or Tuberculin Tested milk.

During the year, increasingly close contact has been made with the two Chest Clinics serving the area. Both from Leeds and from Wakefield the greatest consideration has been experienced. Personal contacts have been frequent and the mutual information thus gathered has been of the greatest help to the patients concerned.

TUBERCULOSIS.

Record of Cases during the year 1956.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	56	55	13	5
No. of cases notified for first time during year	8	4	—	—
No. of cases restored to Register ...	1	2	1	—
No. of cases added to Register otherwise than by notification ...	—	1	—	—
No. removed to other districts ...	3	1	—	—
No. Recovered ...	2	3	—	2
No. died from the Disease ..	1	—	—	—
No. died from other causes ...	1	—	—	—
No. Removed from Register :—				
Revised diagnosis	1	—	—	—
No. of cases on Register at end of year ...	57	58	14	3

TUBERCULOSIS.

New Cases and Mortality during 1956.

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 „	...	—	—	—	—	—	—	—	—
10—15 „	...	—	—	—	—	—	—	—	—
15—20 „	...	—	1	—	—	—	—	—	—
20—25 „	...	1	—	—	—	—	—	—	—
25—35 „	...	2	1	—	—	—	—	—	—
35—45 „	...	—	—	—	—	—	—	—	—
45—55 „	...	2	2	—	—	1	—	—	—
55—65 „	...	2	—	—	—	—	—	—	—
over 65 years	...	1	—	—	—	—	—	—	—
age unknown	...	—	—	—	—	—	—	—	—
Totals	...	8	4	—	—	1	—	—	—

TUBERCULOSIS

New Cases and Deaths since 1937.

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1937	...	...	13	11	9	—
1938	...	...	18	17	12	5
1939	...	...	24	11	10	4
1940	...	...	19	3	11	1
1941	...	...	22	12	10	2
1942	...	...	23	4	11	4
1943	...	...	24	7	9	—
1944	...	...	21	10	12	2
1945	...	...	21	5	11	1
1946	...	...	28	9	7	3
1947	...	...	16	5	8	—
1948	...	...	22	3	11	2
1949	...	...	25	2	11	2
1950	...	...	27	3	5	2
1951	...	...	18	3	8	1
1952	...	...	18	1	3	1
1953	...	...	15	—	4	—
1954	...	...	11	5	1	—
1955	...	...	9	1	2	—
1956	...	...	12	—	1	—

HOUSING.

A very great rate of new building has been achieved. No fewer than 170 permanent houses were constructed by your Authority, in addition to 37 erected by private enterprise. In accordance with the expressed wish of the Ministry, emphasis is at present being placed on Slum Clearance. This work is proceeding with satisfactory speed, and as things are at the time of writing, it appears certain that the Slum Clearance scheme will be completed well within the five years suggested. Indeed, it now becomes apparent that the next 7 or 8 years are likely to see a marked change in the over-all housing position. With the inevitable raising of rents, we are now moving into a period where economic factors will compel a diminution of applicants for new Council houses. Nevertheless, I hope that your Council's policy will be to continue construction of houses at a reasonable rate. I favour this in the knowledge that although the worst "slum" houses have been included in a recent survey, there yet remain in the area older type houses, many of them back to back, which fall short of the standards now considered desirable. These must, in time, be replaced by more modern dwellings, and with the constant rise in the general standard of living which everybody earnestly desires, it is certain that there will be a continued demand, albeit perhaps at a slower tempo, for new Council house tenancies. Meanwhile, I would like to congratulate you, as an Authority, on the vigour and far-sightedness with which you are pursuing your policy of Council house construction.

HOUSING STATISTICS, 1956.

Number of dwelling houses in the District	... 8,051
Number of back-to-back houses included in above	451
1. Inspection of Dwelling Houses during the year :—	
1(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	... 1,606
(b) Number of Inspections made for the purpose	... 2,997
2(a) Number of dwelling houses (included under sub-head 1 above), which were inspected and recorded under the Housing Consolidated Regulations	... 869
(b) Number of Inspections made for the purpose	... 1,562

3. Number of dwelling-houses needing further action :—
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ... Nil
 - (b) Number(excluding those in sub-head 3(a)above) found not to be in all respects reasonably fit for human habitation ... Nil
2. Remedy of Defects during the Year without Service of Formal Notices.
 - (a) Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .. 96
 - (b) Number of defective dwelling-houses (excluding those shown in (a) above) in which defects were remedied as a result of informal action 238
3. Action under Statutory Powers during the Year.
 - A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—
 - (1) Number of dwelling-houses in respect of which formal notices were served requiring repairs ... 47
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :
 - (a) By owners ... 34
 - (b) By Local Authority in default of owners ... Nil
 - B. Proceedings under Public Health Acts :—
 - (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 93
 - (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
 - (a) By owners ... 75
 - (b) By Local Authority in default of owners ... 1
 - C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—
 1. Number of representations etc. made in respect of dwelling-houses unfit for habitation ... 81

- | | | |
|--|--------|------|
| 2. Number of dwelling-houses in respect of which Demolition Orders were made | ... | 30 |
| 3. Number of dwelling-houses demolished in pursuance of Demolition Orders | ... .. | 6 |
| 4. Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? | ... .. | None |

D. Proceedings under Section 12 of the Housing Act, 1936 :—

- | | | |
|--|--------|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | ... .. | Nil |
| (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit | ... .. | Nil |

E. Proceedings under Part III of the Housing Act, 1936, and the Housing Repairs and Rents Act, 1954 :—

- | | | |
|--|--------|-----|
| (1) Number of Clearance Areas represented during the year | ... .. | 11 |
| (2) Number of houses included in these areas | ... | 119 |
| (3) Number of persons to be displaced | ... .. | 309 |
| (4) Action taken during the year in respect of Clearance Areas :— | | |
| (a) By Clearance Orders, number made | | Nil |
| (b) By Compulsory Purchase Orders, number made | ... .. | 2 |
| (5) Number of houses in Clearance Areas demolished during the year | ... .. | 5 |
| (6) Number of persons re-housed from houses demolished during the year | ... .. | 18 |

4. Housing Act, 1936—Part IV Overcrowding.

- | | | |
|--|--------|------------------------------------|
| (a) (1) Number of dwellings overcrowded at end of the year | | No
survey
made
in
1956 |
| (2) Number of families dwelling therein | ... | |
| (3) Number of persons dwelling therein | ... | |
| (b) Number of new cases of overcrowding reported during the year | ... .. |  |
| (c) (1) Number of cases of overcrowding relieved during the year | ... .. |  |
| (2) Number of persons concerned in such cases | | |

5 New Houses.

Number of new houses provided during the year :—

By the Local Authority :—

Permanent type	...	...	...	...	170
Temporary type	...	...	...	...	Nil
By Private Enterprise	...	...	...	...	37

6. Housing Act, 1949.

Section 4—Any action in connection with advances for purpose of increasing housing accommodation ? No

7. Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.

Grants to persons other than local authorities for improvement of housing accommodation.

Action during the year ?

28 applicants considered, 26 approved.

15 qualified for grant during 1956.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—The sources of supply continue as before and the following tables give the origin and quality of water supplied to the Urban District.

Leeds Corporation	...	272,755,000	gallons
Morley Corporation	...	25,492,000	„
Wakefield Corporation		42,384,000	„
Total		340,631,000	„

Of this quantity, 155,442,000 gallons were used for trade purposes and the balance of 185,189,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 20·86 gallons and for trade purposes 17·51 gallons.

Regular bacteriological examinations are made and the results in 1956 were all very satisfactory. The water is without plumbo-solvent action and is of the very highest quality. Chemically, too, the analyses were satisfactory and typical reports are given herewith.

Chemical Analysis.				Parts per million.
Total Solids	...	...	...	80
Chloride	...	...	...	13
Total Hardness	...	...	...	55
Lead, Copper, Zinc	...	...	...	Nil
Iron	...	...	...	Nil
Free Ammonia	...	...	...	0·01
Albuminoid Ammonia	...	...	...	0·01
Nitrous Nitrogen	...	...	...	Nil
Nitric Nitrogen	...	...	...	0·56
pH	...	...	...	7·4

Bacteriological Examination :—

Number of organisms per 1 cc. after 3 days at					
20–22° C.	...	...	...	...	15
Number of organisms per 1 cc. after 2 days at					
37° C.	...	...	...	...	40
Presumptive B. coli (per 100 mls.)	..	...	...	...	Less than 1
This water is of good organic and bacteriological quality.					

SEWAGE DISPOSAL.

No final decision has yet been reached regarding work which must, some day, be carried out in relation to sewage disposal in the Methley area. The position at the time of writing is that a Ministry decision on the matter is awaited. It is hoped to pump the Methley sewage to the Lemonroyd Sewage Works which will, at the moment, be able to cope with it. For years it has been well known to all concerned that the effluent from the Methley Sewage Works is hopelessly unsatisfactory. I have frequently commented on this and no use will be served by further remarks in this Report.

Rivers and Streams.—With the exception of the effluent from Methley, the District is very satisfactorily served.

Closet Accommodation. Public Cleansing.—These matters are dealt with in the report of the Public Health Inspector.

Shops and Offices.—Routine inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's report.

Swimming Baths and Pools.—None exists in this area.

Bed Bug Infestation.—This, nowadays presents no problem. A few isolated instances come to notice, but drastic action is very rarely necessary.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

CASES IN WHICH DEFECTS WERE FOUND (If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred :		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	---	---	---	---	---	
Overcrowding	---	---	---	---	---	
Unreasonable temperature	---	---	---	---	---	
Inadequate ventilation	---	---	---	---	---	
Ineffective drainage of floors		..	---	---	---	---	---	
Sanitary Conveniences :—								
Insufficient	---	---	---	---	---	
Not separate for sexes	---	---	---	---	---	
Unsuitable or defective	---	---	---	---	---	
Other offences against the Act (not including offences relating to Outwork)	..		---	---	---	---	---	
Total				---	---	---

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110		Section 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	—	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	—	—	—	—	—	—

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Sanitary Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	7	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	84	33	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	5	—	—	—
TOTAL	100	40	—	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	...	64
Disinfections	...	...	...	...	2

Milk and Dairies.

Inspections of Dairies	2
------------------------	-----	-----	-----	---

Food and Drugs Inspections.

Meat Inspections	...	...	...	267
Bakehouses	...	...	...	1
Food Inspections...	...	...	...	11
Water Sampling	...	...	...	47

Housing.

Houses inspected and recorded	...	869
General Surveys	...	1562
Public Health Act Inspections	...	737
Re-visits	...	698

Offensive Trades.

Inspections of Fat Refining premises	...	3
--------------------------------------	-----	---

Sanitary Matters.

Inspection of Verminous Premises	...	440
Inspection for Rat Infestations	...	641
Inspection of new drains	...	131
Smoke observations	...	10
Inspection re Refuse Removal and Disposal	...	225
Factories and Workshops	...	40
Tents, Vans and Sheds	...	11
Number of Statutory Notices (Housing Act and Public Health Acts)	...	140
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	...	76

ANNUAL REPORT
OF THE
SENIOR PUBLIC HEALTH INSPECTOR
and CLEANSING SUPERINTENDENT
For the Year
1956.

*Health Department,
Civic Buildings,
Rothwell.*

*To the Chairman and Members of the
Rothwell Urban District Council.*

Ladies and Gentlemen,

I beg to present for your information and consideration my 25th Annual Report on the work of the Health and Cleansing Department. I said in my last Report that the year had been one of extreme activity and I again reiterate those words. Demands of all types have been made upon the Department and I feel that it is a year when all the staff have been fully extended during the whole of the period.

For your convenience in consideration the Report is sectionalized, although you will appreciate that with a large district and a small staff there cannot be any actual division of work but the various demands all blend into an homogeneous year's work.

HOUSING.

This subject is still pre-eminent and after delays which have been caused by the last War, Government restrictions, and the like, I feel that at last we have really got our teeth into it, and if we do not suffer any serious set backs I will soon be able to tell you that the Slums which have been such a blot on our escutcheon for so long have been removed and their place taken by estates of well planned houses. From this I do not want you to assume or anticipate that there will never be any more Slums because you will appreciate

that as soon as the worst houses in any locality are removed be it Rothwell or elsewhere, the next best houses then become the worst and if we ever get to the stage where the Council house is the minimum standard there will be the houses erected by the Council which are 30 or 40 years old and would not compare favourably with present day standards. We are still guided by the five year plan which we submitted in 1955 but due to the urgency brought about by the withdrawal of maximum subsidy from any but houses built for Slum tenants we are away ahead of it and at the time of writing June, 1957 we have in fact dealt with 299 houses out of the listed total of 354. It has been found necessary, when detailed scrutinies were made, to include houses which were not in the 5 year plan and likewise to leave out others which we thought were likely to be included and the net result will be a slight increase. The houses built to accommodate the tenants of Mill Hill and Market Cross Clearance Area were not ready until December, 1956 but once the first ones were completed they came off the "production line" very quickly and by March, 1957 the last tenant had been removed. When the active work of Mill Hill was over, that is after the date of the Inquiry, we turned our attention to Methley where an area comprising 56 houses was outlined and represented as a Compulsory Purchase Order. Objections were received and the resultant Inquiry was held in December, 1956. I can tell you at this stage that the area is likely to be confirmed in its entirety with the alteration of a small part from Compulsory Purchase Order to Clearance Area. The site for the replacement houses is arranged at Hazel House, Methley where it is hoped to have houses ready in approximately 18 months' time. The policy of building there is I think a retrograde step as the site is not even a part of the village whose inhabitants it will eventually take. I should have thought that the Council would have appreciated to the full the effect of the decentralisation which took place at Middleton Lane, Leadwell Lane, and John o' Gaunts when the building was done under the Addison Scheme. The policy of building small units just far enough away from existing units which in themselves are too small is a disadvantage when it takes part of the already insufficient life blood from the present unit. I hoped that with the completion of the sites at Oulton and Woodlesford, Haigh Road, Spibey Lane and lastly Wood Lane, with the possibility of development

on Mill Hill and Carlton Lane that some serious attempt was being made to unify the district without regard to parochial calls. It could well be the case that at the next redistribution of boundaries Rothwell will have sufficient to do to retain its entity without those disassociated appendages which like a ball and chain hinder and not help.

The houses which form part of the Clearance Areas referred to above were not the only ones dealt with by way of Clearance and many unfit houses and small blocks were dealt with under the provisions of Section 11 of the 1936 Act or by way of informal procedure under the Housing Rent and Repairs Act, 1954 which provides that where the owners are in agreement there is no need to use the tedious legal machinery of Section 11 and the same end is thus gained much more expeditiously. In all 31 houses were represented and 30 demolition orders were made.

So far the agreements we have made have worked very well but I wonder what would be the position if there were a change of heart on the part of the owner. In his default I doubt very much whether we could carry out demolition and recover costs without reverting to the cumbrous machinery provided by Section 11.

The Council's building programme was considerable and during the year no less than 170 houses were completed by your Authority and 37 by private enterprise. The work under the Housing Act, 1949 as amended by the Housing Rent and Repairs Act, 1954 continued steadily and although I see no reason to alter the opinion expressed in last year's Report that the Act is not being used as intended, the number of applications is more than double that of last year, 28 applications being considered and 26 approved during the currency of the year. With a single exception all were owner occupiers who desired to improve their property and who would probably have done so whether they had received the grant or not, but be that as it may we are working the scheme according to the instructions issued by the Ministry.

Certificates of Disrepair continue to be the fiasco which I forecast last year, during the year only 5 applications being made and 4 certificates granted. At the time of writing I know that new Housing legislation will come into

force on July 6th next but at the moment I am unable to comment on it except to say in passing that it looks a more complicated procedure than heretofore.

The parts of housing work I have referred to provide what one might term the highlights of the work but amongst it all the warp which binds the weft into the solid substance are the daily complaints we receive and the subsequent investigation and treatment of the defects thus discovered.

This I think is the back bone of housing work and if detailed inspection could be done regularly and sufficiently it would eliminate much of the Slum Clearance and individual demolition. In all 334 houses were rendered fit as the result of informal action, which is the most desirable form of treatment of houses. Information is obtained as to a defect in the house and the owners agree and arrange to repair it on informal advice from this department. When we come to more formal demands I find that 47 legal notices were served requiring repairs and 34 were completed during the year.

NUISANCES.

In 1956 we received 498 complaints in regard to drain stoppages, for which we provide a free drain cleansing service. A number of complaints were made which referred to nuisances and housing defects and were dealt with as inspection showed to be necessary. 737 inspections were made as the result of such complaints, in connection with nuisances and dealt with under the Public Health Acts.

CARAVANS.

There is very little to report under this section of our work ; the licenced ground in the centre of Rothwell continues to be used by showmen for their winter hibernation and occasions no trouble. Whenever caravans are discovered in the district applications are requested which are then dealt with by the Committee. During the year 2 unsuitable caravans were discovered, the applications refused and the caravans removed.

PUBLIC CLEANSING SERVICE.

The work of the Cleansing Department has been carried on with its customary efficiency and regularity throughout the year and I am glad to be able to tell you that no complaints regarding inadequacy or inefficiency of the service were received nor did I in the course of my many visits and observations of the teams find anything about which I could make adverse comment, indeed I am satisfied the Cleansing Service of this Council is the equal of any in the country. We continue our 7 day emptying of dustbins and 21 day emptying of ashpits and cesspools, the only exception being holiday periods when we find it an advantage to turn the weekly emptying into a fortnightly removal. During the year 207 new houses were built each of which provided an additional dustbin to empty and in the same period 4 ashpits and 4 pails were abolished, 8 dustbins being substituted, the total number of additional dustbins provided being 215.

The new 10 cubic yard Refuse Collector about which I commented in my last year's report has served during the greater part of 1956 and the diesel engine which is an innovation in our department seems likely to be both more efficient and more economical than the petrol driven engines which we have used previously.

During 1956 we completed the tipping on land which was part of Lawrence Villa housing estate and so efficient had the work of disposal been on this site that when it was finished we were offered another site on Wood Lane estate, which was then in course of construction, where the majority of the refuse of the district is now deposited. The geographical position is not quite so fortunate as the last one and when the wind is in a certain direction the paper content of the refuse tends to blow across to the occupied houses and to prevent this we had to erect wire netting screens, a practice which used to be common in the past but which I had not used for many years. As the work proceeded the tipping face went further from the houses, complaints were reduced and the result will be that an awkward ravine adjacent to the new houses will now become an open space or playing field as the Housing Committee desire.

During the year 5,289 motor loads of refuse were collected and disposed of on this and other tips where continuous control is exercised. Salvage continues although there is no enthusiasm for it and during the year 48 tons of waste paper was collected and sold for £442.

MAINTENANCE OF PLANT AND EQUIPMENT.

Our Repair Shop continues to function efficiently and expeditiously and the two mechanics which we have, cope adequately with all the repairs which are required on all the vehicles and plant owned by the Council and in addition a certain amount of repair work is undertaken for the Housing Department.

SEWERS AND DRAINS.

With the resumption of house building on a large scale, including that arranged by the Council, much new sewer and drainage work has been done which as usual is inspected and certified by staff from this department. Adequate supervision of such drainage work means a lot of tedious and often dirty work but it is never neglected and no length of drain or sewer is allowed to be covered in unless it has been approved and inspected by this department.

The routine inspections of plans in my office continues and this very admirable liaison with the Building Inspector avoids trouble later when the work is commenced.

SANITARY ACCOMMODATION.

Privy conversions continue although as I have stated previously the work is diminishing because most of the convertible privies in the district have already been eliminated and the majority of those which remain belong to houses which we shall include as slums in the next year or two. 8 privies and pails were reconstructed during the year and our records show that of all the 8,027 conveniences in the district 97.5 per cent. are on the water carriage system.

FOOD AND DRUGS.

Milk.

This Authority still issue Supplementary and Dealers Licences to sell specially designated milks, and appended is the number and type of licences issued during 1956. Milk now is almost entirely delivered in bottles and we have not had any complaints during 1956 regarding condition or quality.

	Retail Purveyors	...	54	
		Dealers.		Supplementary.
Pasteurised Milk	...	8	...	7
Sterilized Milk	...	41	...	8
Tuberculin Tested Milk		6	...	6

Meat and Food Inspection.

The three Slaughter Houses which were relicensed on the cessation of meat rationing still continue to operate and we inspect every carcase of meat which is slaughtered for human consumption in this area. The animals slaughtered are all of high quality and although this does not in any way detract from the amount of inspection the total weight of meat condemned is remarkably small. I am sure that the incidence of disease, particularly tuberculosis, is declining which is perhaps as it should be when we have regard to the amount of time and money spent on Animal Health Services.

We have not in the whole of our inspections been able to detect a single case of *Cysticercus Bovis* although the national figures show that a small percentage of carcasses are thus affected and it would appear according to the law of average that we are bound to get at least one sooner or later. Although every Bovine carcase is inspected according to the instructions laid down by the Ministry of Health, not a single instance has been discovered and I felt that the fault must be ourselves and accordingly I arranged to go to a large city abattoir to discuss the matter and methods of procedure with the full time Meat Inspectors but even after this extra "tuition" we have failed to discover a single affected carcase and so at the moment we are probably unique.

Inspections continue to be made at shops and stores for the purpose of examination of food other than meat and in all 23,218 lbs. was inspected, condemned and destroyed.

Legal Proceedings.

One prosecution was instituted under Food and Drugs Act in connection with a beetle in a teacake where the

unfortunate purchaser in biting his lunch sandwich bit in two a rather prime specimen of a German beetle. I feel that the matter would never have come to us had the producer been more sympathetic with the complainant but an official complaint was made and proceedings instituted, the baker being fined £5 and £3 3s. costs.

WATER SUPPLY.

The water consumed in this district is supplied from three large authorities and as is our custom it is sampled quarterly, and more often if the occasion demands. In all 14 chemical samples and 11 bacteriological samples were taken and 13 samples were made in connection with excessive alkalinity which was discovered by routine sampling on a new length of concrete lined main which had recently been laid. An investigation took place and we deduced that the trouble was due to the concrete lining on a length which had a dead end and where draw off on the last mile or so was not sufficient to remove the deposit which had come in the early days. I recommended flushing, which was done, and the complaint was abated.

DISINFECTION AND DISINFESTATION.

The scheme whereby the houses and effects of all incoming tenants to Council Houses are inspected has continued and it is gratifying to be able to report that the number of infestations found is very small. The service is available to anyone who asks for it and we do make inspections from time to time where we think it is desirable. On the odd occasions when it is necessary to carry out treatment we have found it advisable and advantageous to employ the services of the Disinfestation Department of the Leeds Corporation who have a full time staff with the latest equipment, whereas we can only use staff who have other work to do and who do not do enough of this kind of work to become really efficient.

SHOPS ACT.

20 inspections for health and hygiene were made during the year and 131 for hours of closing; advice is given where necessary on the proper operation of the Act but it was not necessary to take any legal action.

CLEAN AIR.

Consideration of the Clean Air Bill has shewn the desirability of changing the title Smoke Abatement to the wider one of Clean Air and from the end of this year the title of the West Riding Regional Smoke Abatement Committee the advisory body on which I have the honour to represent you, will change to the West Riding Clean Air Advisory Council: I also continue to represent you on the National Smoke Abatement Society.

The improvement of the atmosphere is at the moment of paramount importance and like many other Hygienists I hope something specific will be done after years of advice and suggestion. It may not be in my time but I would dearly like to see the ground work which we have done over the past 25 years achieve some useful purpose.

I am grateful to the Council for extending their policy of one Conference per official so as to allow the Vice-Chairman and myself to attend the Clean Air Conference at Southport last October. It is always refreshing at Conferences to find that there are so many people imbued with the same ideas as oneself. The Clean Air Act which came into force on the last day of the year under review provided many new powers and duties which in the main will fall to the credit of this Department and about which I will comment next year.

PUBLIC CONVENIENCES AND PUBLIC MORTUARY.

These buildings which are essential in the proper operation of municipal life have been maintained throughout the year without undue trouble or anxiety, and the question of provision of extra conveniences has been discussed.

PREVENTION OF DAMAGE BY PESTS ACT.

641 Inspections were made during the year and 58 infestations were dealt with in the usual way. This is about the usual for this district and although I am satisfied there is no increase in rodent infestation I do not think that our efforts have any marked effect on the reduction of what

must be a minimum number in the district. We deal with all reports which are made, and in the course of our inspections for other purposes, keep our eyes open for signs or effects caused by the ubiquitous rodents. At the request of the statistical division of the Ministry of Agriculture, Fisheries and Food, I spent two cold and weary days checking the rodent population of two stacks of grain during threshing taken at random in the district, to ascertain the number of "inhabitants." The results were pathetically small and although the figures may be useful in the compilation of some report or other I felt that it was a waste of my time.

STATISTICAL RECORD.

Appended are the figures relative to our work during the year, broken down into the various sections which we find it convenient to use. In themselves figures are merely a numerical record but when you think that each one means a personal visit of one or the other of the inspectors you will realise the amount of work which has been done.

VISITS AND INSPECTIONS DURING 1956.

Bakehouses	...	...	...	1
Dairies	...	...	...	2
Factories and Workshops	...	...	...	40
Food Examination	...	...	...	278
Food Premises	...	...	...	57
Food Hawkers	...	...	...	15
Hairdressers and Barbers	...	...	...	5
Housing Acts	...	...	...	869
Housing Acts (Reinspection)	...	...	...	693
Infectious Diseases	...	...	...	64
Offensive Trades	...	...	...	3
Petroleum Storage	...	...	...	26
Plant Maintenance	...	...	...	283
Prevention of Damage by Pests Act	...	...	...	641
Public Cleansing Service	...	...	...	225
Public Conveniences	...	...	...	98
Public Health Acts	...	...	...	737
Public Health Acts (Reinspection)	...	...	...	698

Sanitary Accommodation:—

(Conversion or improvement)	...	73
Septic Tanks and Cesspools	...	13
Sewers and Drains Inspected	...	461
Sewers and Drains Tested	...	131
Shops Act	... ..	20
Shops Act (Hours of Closing)	...	131
Smoke Abatement	... ..	10
Tents, Vans and Sheds	... ..	11
Vermin	... ..	440
Water Sampling	... ..	47

SUMMARY OF WORKS CARRIED OUT.

Ceilings repaired or replastered	...	27
Walls repaired or replastered	...	28
Windows repaired or renewed	...	28
Doors repaired or renewed	...	16
Fireplaces repaired or renewed	...	30
Floors repaired or renewed	...	8
Sinks renewed	... ..	8
Sink waste pipes repaired or renewed	...	11
Food Stores repaired or altered	...	1
Roofs repaired	... ..	115
Chimney stacks repaired	...	37
Eaves gutters repaired or renewed	...	59
Rainwater pipes repaired or renewed	...	25
Walls repaired or repointed	...	17
Drains cleared from obstruction	...	498
Sink waste pipes cleared	... ..	3
Drains repaired or renewed	...	19
Inspection chamber covers renewed	...	7
Water closets repaired	... ..	86
Sanitary pails renewed	... ..	4
Sanitary conversions	... ..	10

STAFF.

There was no change in the staff during 1956 and this absence of upset helped considerably in dealing with the amount of work which fell to our lot. A recommendation was made to the Health Committee that as it was apparently

impossible to obtain qualified inspectors at the standard J.I.C. salary, an attempt should be made to obtain one or more trainee inspectors, who during their period of training could do useful work for us and after qualification would be under some obligation to stay with us for a time. The Council accepted the recommendation and I shall report further on this in next year's Annual Report.

Meantime, this is the appropriate stage to tender my thanks to the staff for their unflagging zeal and assiduous attention to the work which they perform daily throughout the year. To the Members of the Council, particularly those of the Health Committee I express my appreciation of their support and understanding and to the Medical Officer of Health and the Clerk of the Council, my sincere thanks for their continued advice and support.

I am, Mr. Chairman and Members,

Your obedient Servant,

THOS. WILSON,

Public Health Inspector.

